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UNITED STATES
U.S. SECURITIES AND EXCHANGE
COMMISSION

Washington, D.C. 20549

FORM D

UG 1 8 200 NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

. RECEIVE

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OMB APPROVAL				
OMB Number	3235-0076			
Expires: May 31, 2005				
Estimated average burden				
hours per response:16.00				
SEC US	E ONLY			
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Prefix	Serial			
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DATE RECEIVED				
1				

Name of Offering (check if this is an amendment and name has changed, and in	dicate change.)
Sale of Common Stock	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 X Rule 5	506 Section 4(6) ULOE
Type of Filing: New Filing	
A. BASIC IDENTIFICAT	ION DATA
1. Enter the information requested about the issuer	
Name of Issuer (check if this is an amendment and name has changed, and in	dicate change.) Firesteed Corporation
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
1809 Seventh Avenue, #1108, Seattle, WA 98101	(206) 233-0683
Address of Principal Business Operations (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
(if different from Executive Offices) Same as above	Same as above
Brief Description of Business Wine Producer and wholesaler	
Type of Business Organization	_
☑ corporation ☐ limited partnership, already formed	other (please specify): PROCESSED
business trust limited partnership, to be formed	PKOCEDOLD
Month Year	
Actual or Estimated Date of Incorporation or Organization: 0 6 9 3	☐ Aug 19 2003
F	☐ ☑ Actual ☐ Estimated ☐ AUG 1 9 2003 breviation for State:

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only reported the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

		A. BASIC 191	ENTIFICATION DATA					
2. Enter the information re-	quested for the follo	owing:						
• Each promoter of t	he issuer, if the issu	uer has been organized wit	hin the past five years;					
 Each beneficial ow of the issuer; 	• Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;							
 Each executive offi 	cer and director of	corporate issuers and of co	orporate general and manage	ging partners of par	tnership issuers; and			
 Each general and n 	nanaging partner of	partnership issuers.						
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	Executive Officer	☑ Director	General and/or Managing Partner			
Full Name (Last name first, if	individual)							
Rossbach, Howard	·							
Business or Residence Addres	s (Number and Str	reet City State Zin Code)						
1809 Seventh Avenu								
	Promoter	Beneficial Owner	Executive Officer	Director	General and/or			
Check Box(es) that Apply:	☐ Fromoter	Beneficial Owner	☐ Executive Officer	Director	Managing Partner			
Full Name (Last name first, if	individual)			 				
Pusiness or Residence Address	(Number and Sta	unot City State 7in Code						
Business or Residence Addres	is (Number and Su	eet, City, State, Zip Code)						
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner			
Full Name (Last name first, if	individual)							
Business or Residence Addres	s (Number and Str	eet, City, State, Zip Code)						
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner			
Full Name (Last name first, if	individual)							
Business or Residence Addres	s (Number and Str	eet, City, State, Zip Code)						
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner			
Full Name (Last name first, if	individual)							
Business or Residence Addres	s (Number and Str	eet, City, State, Zip Code)						
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner			
Full Name (Last name first, if	individual)							
Business or Residence Addres	s (Number and Str	eet, City, State, Zip Code)						
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner			
Full Name (Last name first, if	individual)							
Business or Residence Addres	s (Number and Str	eet, City, State, Zip Code)						
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(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

	B. INFORMATION ABOUT OFFERING				
1.	Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?	Yes	No X		
1.		43			
_	Answer also in Appendix, Column 2, if filing under ULOE. What is the minimum investment that will be accepted from any individual?	•	N/A		
2.	\$				
3.	Does the offering permit joint ownership of a single unit?	Yes X	No —		
4.	4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or				
	similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.				
Full	Name (Last name first, if individual)				
N/					
Bus	iness or Residence Address (Number and Street, City, State, Zip Code)				
Nan	ne of Associated Broker or Dealer				
Stat	es in Which Person Listed Has Solicited or Intends to Solicit Purchasers				
	(Check "All States" or check individual States)	☐ All	States		
•	AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA]	[HI]	[ID]		
•	IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK]	[MS]	[MO]		
_	MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI]	[OR]	[PA] [PR]		
Full	Name (Last name first, if individual)				
Bus	iness or Residence Address (Number and Street, City, State, Zip Code)				
Nan	ne of Associated Broker or Dealer				
State	es in Which Person Listed Has Solicited or Intends to Solicit Purchasers				
	(Check "All States" or check individual States)	☐ All	States		
[AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA]	[HI]	[ID]		
[IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN]	[MS]	[MO]		
-	MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK]	[OR]	[PA]		
	RI SC SD TN TX UT VA WA WA WI	[WY]	[PR]		
ruii	Name (Last name first, if individual)				
Bus	iness or Residence Address (Number and Street, City, State, Zip Code)				
Nan	ne of Associated Broker or Dealer		<u> </u>		
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State	es in Which Person Listed Has Solicited or Intends to Solicit Purchasers	—	a		
г	(Check "All States" or check individual States)	☐ All [HI]	States [ID]		
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	MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK]	[OR]	[PA]		
[RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI]	[WY]	[PR]		

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C. OFFERING P	RICE, NUMBER OF INVESTORS, EXPENS	ES AND	USE OF PROC	CEEDS	
Question 1 and total expenses furnished in	gregate offering price given in response to response to Part C - Question 4.a. This differen	nce is the	;		\$ <u>645,000</u>
for each of the purposes shown. If the amount check the box to the left of the estimate.	gross proceeds to the issuer used or proposed to ant for any purpose is not known, furnish an estime total of the payments listed must equal the h in response to Part C - Question 4.b above.	mate and			
			Payments to Of Directors, & Aft		Payments to Others
Salaries and fees			\$	0 🗆	\$0
Purchase of real estate			\$	0 🗆	\$0
Purchase, rental or leasing and installation of	f machinery and equipment		\$	<u>0</u> \Box	\$0
Construction or leasing of plant buildings an	d facilities		\$	<u>0</u>	\$0
Acquisition of other businesses (including the offering that may be used in exchange for the pursuant to a merger)	e value of securities involved in this e assets or securities of another issuer		\$	<u> </u>	\$ 0
. . .			\$		\$ 0
					s645,000
<i>C</i> ,		_			•
Other (specify):			\$(<u> </u>	\$0
			\$ (<u> </u>	\$ 0
			\$	_	s645,000
Total Payments Listed (column totals added)			- C 45 000	ŕ
Total Laymonto Elsted (column lotals added			X	\$645,000	
	D. FEDERAL SIGNATURE			··	
he issuer has duly caused this notice to be signed by		a is filed t	under Pule 505 th	ne following sign	estura constitutes an
ndertaking by the issuer to furnish to the U.S. Securit corredited investor pursuant to paragraph (b)(2) of Ru	ties and Exchange Commission, upon written request	of its stat	ff, the information	furnished by the	e issuer to any non-
ssuer (Print or Type)	Signature		Date		
FIRESTEED CORPORATION	KAM MI		8/8/03		
Name of Signer (Print or Type)	Title of Signer (Print or Type)				
HOWARD ROSSBACH	PRESIDENT				
	<u></u>		· · · · · · · · · · · · · · · · · · ·		

___ ATTENTION _____

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)